

## CHILD SUPPORT/ALIMONY VERIFICATION CLERK OF THE COURT

Date: \_\_\_\_\_

Phone # \_\_\_\_\_

To: \_\_\_\_\_

Fax # \_\_\_\_\_

From: \_\_\_\_\_

Subject: \_\_\_\_\_

Applicant/Tenant Name \_\_\_\_\_

SS Number \_\_\_\_\_

Applicant/Tenant Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program, Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

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### TO BE COMPLETED BY THE CLERK OF THE COURT

Name of the person receiving support: \_\_\_\_\_

Name of person paying support: \_\_\_\_\_

Marital status of parties   Legal Separation \_\_\_\_\_   Divorce \_\_\_\_\_   Other \_\_\_\_\_

Amount of Payment ordered by Court \$ \_\_\_\_\_  
(Please list payments actually received over last twelve months)

|                   |                |                    |                   |
|-------------------|----------------|--------------------|-------------------|
| January \$ _____  | April \$ _____ | July \$ _____      | October \$ _____  |
| February \$ _____ | May \$ _____   | August \$ _____    | November \$ _____ |
| March \$ _____    | June \$ _____  | September \$ _____ | December \$ _____ |

Is court cost included in amount of payments shown?    \_\_\_\_ Yes    \_\_\_\_ No

Completed By (Signature): \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_